



Molina Healthcare of Illinois 2022 Pay-for-Performance (P4P) Program

I am pleased to share with you the 2022 Molina Healthcare of Illinois Quality Incentive (QI) program. As a top-performing Medicaid Managed Care Organization in Illinois, we know our success is rooted in our strong relationships with the provider community. We offer a robust Pay-for-Performance (P4P) program to acknowledge those relationships and to reward high-quality care for our shared members. For this year, we have revamped our incentive program in three ways:

- **We have simplified the targets.** We reduced the number of HEDIS® metrics included, so that you may succeed using more focused efforts. This year, you may earn incentives based on performance on five (5) P4P measures.
- **We have simplified the incentive structure.** In place of prior years' blended point system, we have created two clear benchmarks for each targeted HEDIS® measure; you will earn a payout for each measure you meet or surpass.
- **We have created two avenues for you to earn an incentive.** You may earn a per-member, per-month bonus payout based on performance, or a payout based on improvement versus last year. We expect that this change will give all providers access to some incentive payouts.

In prior years, we were proud to award top-performing provider groups up to \$450,000 for their successes in closing member care gaps; **each of those dollars represents a collaborative effort to improve member lives.** In 2022, we hope not only to continue that success but to build upon it, and we have enhanced our program structure to reflect our commitment to quality improvement. Like the members we serve, Molina thrives only through the strength of its providers. This year's Quality Incentive program represents Molina's investment in our continued partnership and in our shared work to improve member and community health.

I invite you to read more about the 2022 Molina Quality Incentive Program in the attached materials, and I hope that you will choose to participate.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Wolf".

Matt Wolf
Plan President, Molina Healthcare of Illinois



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To achieve the highest levels of quality for its members, Molina Healthcare of Illinois (Molina) offers Network Providers the Quality Incentive Program, which rewards providers with bonus payments for successfully completing needed care measured through the Healthcare Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA®).

Adult Health				
Service	Procedure	Eligible Population	Performance: 80 th Percentile	Improvement
Adult Wellness	Adults' Access to Preventive/Ambulatory Health Services	Adults 20+ years	≥ 82.91%	≥ 3.00%
Women's Health				
Service	Procedure	Eligible Population	Performance: 80 th Percentile	Improvement
Cervical Cancer Screening	Cervical Cytology	Women 21–64 years	≥ 65.10%	≥ 3.00%
Breast Cancer Screening	Mammogram	Women 52–74 years	≥ 60.39%	
Children's Health				
Service	Procedure	Eligible Population	Performance: 80 th Percentile	Improvement
Well Baby Visit*	Six Well Baby Visits Between 0–15 Months of Age	Babies 0–15 months	≥ 63.61%	≥ 3.00%
	Two Well Baby Visits Between 15–30 Months of Age	Babies 15–30 months	≥ 78.35%	
Well Child & Adolescent Visit	Annual Well Visit for Children and Adolescents	Children and Adolescents 3–20 years	≥ 56.54%	

*Both age groups must meet performance or improvement to qualify for bonus.



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Bonus payments are calculated Per Roster Member, Per Month (PMPM) on an annualized basis when provider groups achieve performance or improvement goals. PMPM payments will be made based on provider's rates on each of the program measures. Bonus payments are made to the group's practice (not individual providers), after the measurement year. Bonus payments are made in accordance with strict HEDIS® guidelines. Eligible members are individuals enrolled in Molina's HealthChoice Illinois Medicaid product, and the populations for each measure are those who meet the NCQA criteria. The population column describes requirements for measuring eligibility, but all eligibility requirements are governed by NCQA HEDIS® specifications. Tip Sheets for individual HEDIS® measures can be found on the Molina Provider Portal.

To assist providers with determining eligible members, Molina will make reasonable efforts to ensure accurate member rosters and provide regular Missing Services Reports. Member rosters and members who need HEDIS® services are also available on the Molina Provider Portal. For information on how to access the Provider Portal, view our Quick Reference Guide or sign up for a portal overview presentation by visiting MolinaHealthcare.com.

Molina reserves the right to alter or discontinue the Provider Quality Incentive program at any time. Molina will notify providers of any changes or program modifications.

Program Information

For performance measurement, a minimum of 30 eligible members are required to be considered for scoring in each measure.

- Member months will be based on members who are continuously enrolled throughout the 2022 measurement year, with only a one-month gap of enrollment allowed, per NCQA HEDIS® specifications.
- Performance rate and bonus payment is calculated based on membership assigned as of December 31, 2022.
- Improvement rate threshold is calculated as: **degree of improvement = (current year% - previous%) ÷ (previous year%)**.
- Payout is based on the provider group's score for each measure's earned benchmark, either performance and/or improvement.
- Maximum payout per measure is \$1.25 PMPM or total PMPM \$6.25 if all five measures hit the performance and improvement goals.
- Measures with multiple age groups must have both age groups meet the target to qualify for PMPM payout. (W30 must meet both 0–15 months **and** 15–30 months to earn the PMPM for the measure.)



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How to Earn Bonus Payments

The Quality Incentive program includes five measures and sub-measures, with each measure scored on performance and year-over-year improvement. Providers can earn a \$0.75 PMPM payment for performance by meeting the 80th percentile, and an additional \$0.50 for improving measure rate by $\geq 3.00\%$ from performance in 2021. Maximum payout potential is capped at \$6.25 PMPM if all measures meet either the performance or improvement goals.

Performance Score*	
Percentile	PMPM/Measure
< 80 th Percentile	\$0.00
$\geq 80^{\text{th}}$ Percentile	\$0.75

*80th Percentile threshold is calculated using the 2021 National HMO Benchmark in the NCQA Quality Compass.

Improvement Score^	
Improvement	PMPM/ Measure
0.00-2.99%	\$0.00
$\geq 3.00\%+$	\$0.50

^degree of improvement = $(\text{current year\%} - \text{previous\%}) \div (\text{previous year\%})$

Claims received for services rendered through December 31, 2022, will be considered for bonus payment. All claims for the 2022 Quality Incentive Program measures must be received by **February 24, 2023**. Providers must adhere with timely filing guidelines, all terms of the provider contract with Molina, strict NCQA HEDIS[®] and State of Illinois guidelines, and must bill using the appropriate CPT, HCPCS, and diagnosis codes to qualify for payment.

Pay-for-Performance results that are not captured on submitted claims must be submitted as an electronic data transmission via secure shell file transfer protocol (SFTP). Supplemental data in the form of charts/medical records will **not** be accepted for this program. Providers wishing to set up electronic data transmissions must work with Molina to complete the setup and validation process by **August 31, 2022**. Final supplemental data files must be received by **January 25, 2023**.

Questions

Providers who have questions regarding the incentive program may email us at Quality-HealthCampaigns@MolinaHealthcare.com or contact the assigned Provider Quality Specialist. To find the assigned Provider Quality Specialist, visit MolinaHealthcare.com. Providers may also call our Provider Network Management team at **(855) 866-5462** for assistance or contact their Provider Network Manager.